

Annex 2: Population Health Goals update – October 2022

	Goal	Revised goal	Current	Progress/Further information
1	By 2026, in men and women in CTM, Life Expectancy (LE) at birth and Healthy Life Expectancy (HLE) match the Wales average	No change	LE gap (2018/20) 1.4 years lower than Wales for men and 1.4 years for women	Produced by PHW Observatory Gap has widened since 2017-19 for both men and women.
		No change	HLE gap (2018/20) 3.2 years lower than Wales for men and 2.8 years for women	Produced by PHW Observatory Gap has widened since 2017-19 for women and narrowed for men.
2	By 2026, the Slope Index of Inequality (SII) in Life Expectancy at birth and Healthy Life Expectancy between the most and least deprived population quintiles in CTM has been reduced by 20%	By 2026, the absolute difference in Life Expectancy at birth and Healthy Life Expectancy between the most and least deprived population quintiles in CTM has been reduced by 20%	Between 2011-2020: the gap in Healthy life expectancy has decreased by 5.5 years for males and 4.8 years for females; (an increase in healthy life expectancy in the 'most deprived' deprivation quintile for both males and females; a decrease in healthy life expectancy in the 'least deprived' deprivation quintile for males, whereas healthy life expectancy in the 'least deprived' deprivation quintile for females has increased).	Updated method and measure as SII is no longer calculated. Observatory published new gap in LE tool.
3	By 2026, Avoidable Mortality in CTM matches the Wales average	No change	Based on 2020 data (latest), CTM is at 339/100,000 population and Wales is at 287/100,000 population	Updated March 2022 from ONS annual report. Avoidable Mortality rates in CTM remain higher than in Wales in the period 2001-2020, although rates have overall decreased.
4	By 2026, Life Expectancy in people with mental health problems in CTM matches that of those without		cannot reliably be calculated as a measure using current data	Not currently calculated and not possible with the current life expectancy methods used. The feasibility of application of WHO research data to CTM has

			been explored but will not provide a reliable measure of success.
5	By 2026, the prevalence of key LTCs (stroke, diabetes, cancer and heart disease) in people with mental health problems in CTM matches that in those without		cannot reliably be calculated as a measure using current data
6	By 2026, Infant Mortality Rate (IMR) in CTM is lower than 2 per 1000 live births and percentage of Low Birth Weight (LBW)	By 2026, Infant Mortality Rate (IMR) in CTM is lower than 2 per 1000 live births and % Low Birth Weight (LBW) is lower than Wales average (6.1% in 2020)	<p>Latest data for IMR in CTM is 4.1 per 1000 live births (2022), higher than in 2019 (3.6 per 10,000).</p> <p>Percentage of live births with LBW in 2022 was 6.6%, lower than in 2020 (7.1%); CTM has the highest percentage of singleton live births with LBW. The average in Wales in 2022 is 5.8%, lower than in 2020 (6.1%).</p>
7	By 2026, the current inequality in smoking prevalence between groups at extremes of deprivation in CTM has been eliminated	No change	<p>The current gap in smoking prevalence between the most and least deprived fifths is 9.3% points (2018/19-2019/20)</p> <p>National Survey for Wales (NSW) contract ending, therefore making comparisons with the data in 5 years' time difficult and potentially not comparable.</p>
8	By 2026, the prevalence of overweight & obesity has been reduced by 5 percentage points from its current levels	No change	<p>Current prevalence of obesity & overweight (BMI 25+) in CTM is 66.9% (2021-22), which is higher than in Wales (62.1%).</p> <p>Current prevalence of obesity (BMI 30+) in CTM is 25.8% (2021-22), which is higher than in Wales (24.5%),</p> <p>From NSW plus indicators for fewer than 2 healthy behaviours, inactivity levels and healthy behaviour levels. Also see above comment on NSW. Prevalence of obesity & overweight (BMI 25+) and obesity (BMI 30+) in CTM has increased in 2021/22.</p>

